

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555515	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER PARK VISTA AT MORNINGSIDE			STREET ADDRESS, CITY, STATE, ZIP CODE 2525 BREA BLVD. FULLERTON, CA 92835		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities. Census = 56	E 000			
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1971 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 59 Resident Census: 56 The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition. The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.	K 000			
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101	K 345			

RECEIVED

By MMonterr at 11:00 am, Dec 24, 2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

ADMINISTRATOR

12/24/24

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 345	<p>Continued From page 1</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to maintain the fire alarm system. This was evidenced by missing fire alarm system inspections and test records. This could result in a delay in an emergency and a malfunction of the fire alarm system. This affected 56 of 56 residents in six of six smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6 9.6.1.3 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use.</p> <p>NFPA 72 - National Fire Alarm and Signaling Code, 2010 Edition 14.3.1* Unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having jurisdiction.</p>	K 345	<p>How corrective action was taken for the residents found to have been affected by the deficient practice</p> <p>On 12/17/24 Safety Director met with national fail-safe service manager (vendor.)</p> <p>National fail safe has agreed to include more detailed information in its quarterly, semi-annual, and annual inspection documentation with regards to the fire alarm control panel batteries. Sealed Led Acid Battery testing annually, 1 oad voltage test of SLA batteries semiannually, and the annual 30 minute discharger test for the SLA batteries.</p> <p>On 12/19/2024 Safety Director received proper documentation for Parkvista skilled nursing 5-year inspection which was completed on 8/7/2024 and noted all required items were passed.</p> <p>How the facility will identify other residents having the potential to be affected by the practice and what corrective action has been taken</p> <p>No residents were affected</p>	12/24/24	

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K 345	<p>Continued From page 2</p> <p>Table 14.3.1:</p> <p>3. Batteries</p> <p>(a) Lead-acid: Initial/Reacceptance, Monthly</p> <p>(d) Sealed lead-acid: Initial/Reacceptance, Semiannually</p> <p>9. Initiating devices</p> <p>(b) Duct detectors: Initial/Reacceptance, Semiannually</p> <p>(e) Manual fire alarm boxes: Initial/Reacceptance, Semiannually</p> <p>(f) Heat detectors: Initial/Reacceptance, Semiannually</p> <p>(h) Smoke detectors: Initial/Reacceptance, Semiannually</p> <p>14.4.5* Testing Frequency.</p> <p>Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction.</p> <p>Table 14.4.5:</p> <p>6. Batteries - fire alarm system</p> <p>(d) Sealed lead-acid type</p> <p>(1) Charger test (Replace battery within 5 years after manufacture or more frequently as needed.): Initial/Reacceptance, Annually</p> <p>(2) Discharge test (30 minutes): Initial/Reacceptance, Annually</p> <p>(3) Load voltage test: Initial/Reacceptance, Semiannually</p> <p>Findings:</p> <p>During document review and interview with the Administrator and Maintenance Director (MD) on 12/10/24, the fire alarm system maintenance and testing records were reviewed.</p> <p>1. At 3:04 p.m. the facility failed to provide the</p>	K 345	<p>What measures will be put in place or what systemic changes will the facility make to make sure it does not occur again</p> <p>Safety Director will ensure communication and will audit documentation obtained from national fail safe to verify battery testing has occurred and is documented properly for Parkvista Skilled Nursing</p> <p>How the facility plans to monitor its performance</p> <p>Safety Director will audit national fail-safe documents for proper battery testing and with proper documentation for Parkvista skilled nursing. Safety Director will report any discrepancies from quarterly inspections as QA until 100% compliance is achieved</p>	12/24/24	

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K 345	Continued From page 3 annual charger test for the fire alarm control panel batteries, consisted of four sealed lead-acid (SLA). Upon interview, the Administrator stated he would contact the testing company to retrieve records and email them to the California Department of Public Health- Life Safety Code office by 9 a.m. on 12/11/24. As of 12/11/24 documents were not received. 2. At 3:05 p.m., the facility failed to provide records of the semi-annual load voltage test for the fire alarm control panel SLA batteries. The date of the last test was unknown. Upon interview, the Administrator stated he would contact the testing company to retrieve records and email them to the California Department of Public Health Life Safety Code office by 9 a.m. on 12/11/24. As of 12/11/24 documents were not received. 3. At 3:07 p.m. the facility failed to provide the annual 30 minute discharger test for the fire alarm control panel SLA batteries. Upon interview, the Administrator stated he would contact the testing company to retrieve records and email them to the California Department of Public Health Life Safety Code office by 9 a.m. on 12/11/24. As of 12/11/24 documents were not received.	K 345			
K 353 SS=C	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance	K 353	How corrective action was taken for the residents found to have been affected by the deficient practice		12/24/24

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K 353	<p>Continued From page 4</p> <p>with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, document review, and interview, the facility failed to maintain the sprinkler system. This was evidenced by the five-year sprinkler inspection failing. This could result in a sprinkler malfunction during an emergency. This affected 56 of 56 residents in six of six smoke compartments.</p> <p>NFPA 101: Life Safety Code, 2012 Edition 19.3.5 Extinguishment Requirements. 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection</p>	K 353	<p>On 12/19/2024 Safety Director met with Jonson control, the Parkvista fire sprinkler test and inspect vendor. Vendor will work with Safety Director /designee to properly identify the address of each building it inspects for accurate documentation. Identified deficiencies at Skilled Nursing will be correctly listed on the Parkvista skilled nursing inspection report.</p> <p>On 12/19/2024 Safety Director received proper documentation for Parkvista skilled nursing 5-year inspection which was completed on 8/7/2024 and noted all required items were passed.</p> <p>How the facility will identify other residents having the potential to be affected by the practice and what corrective action has been taken</p> <p>No residents were affected</p> <p>What measures will be put in place or what systemic changes will the facility make to make sure it does not occur again</p>	12/24/24	

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K 353	<p>Continued From page 5 Systems.</p> <p>NFPA 25: Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition 5.2.1.1.1 * Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall). 5.2.1.1.2 Any sprinkler that shows signs of any of the following shall be replaced: (1)Leakage (2)Corrosion (3)Physical damage (4)Loss of fluid in the glass bulb heat responsive element (5>Loading (6)Painting unless painted by the sprinkler manufacturer 5.2.1.1.4 Any sprinkler shall be replaced that has signs of leakage; is painted, other than by the sprinkler manufacturer, corroded, damaged, or loaded; or is in the improper orientation.</p> <p>Findings:</p> <p>During document review, and interview with the Maintenance Director (MD) on 12/10//24, the sprinklers testing, and maintenance documents were reviewed.</p> <p>At 2:35 p.m., the facility provided a document titled, "Inspection, Testing and Maintenance" for the five-year sprinkler inspection dated 7/30/24, that indicated on page 2 and 3: Item 1.20 "Sprinklers", Item 2.5 "Control valve-position", Item 2.6 "Control valve- operation" the items failed testing in the Deficiencies and Comments</p>	K 353	<p>Safety Director will ensure communication and will audit documentation received from Johnson Controls to verify Skilled Nursing test and inspect documents are being listed properly with address and Name.</p> <p>On 12/19/2024 Safety Director met with Jonson Controls management to assure future test and inspect documentation is properly labeled</p> <p>How the facility plans to monitor its performance</p> <p>Johnson Controls will adhere to 5-year test and inspect for Parkvista skilled nursing.</p> <p>Safety Director will audit documents obtained from Johnson Controls to verify accurate name and address is listed and proper inspections are completed. Safety Director will report to QA until 100% is achieved.</p>	12/24/24	

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K 353	Continued From page 6	K 353			
K 355 SS=D	<p>Portable Fire Extinguishers CFR(s): NFPA 101</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to maintain the portable fire extinguishers. This was evidenced by the failure to ensure that their portable fire extinguishers pressure gauges reading were within their operable range and by the failure to inspect them monthly. This could result in the fire extinguisher falling and cause a malfunction in the fire extinguisher. This affected 9 of 56 residents in one of six smoke compartments.</p> <p>NFPA 101: Life Safety Code, 2012 Edition 19.3.5.1.2 Portable fire extinguishers shall be provided for all health care occupancies in accordance with 9.7.4.1 9.7.4.1. 9.7.4 Manual Extinguishing Equipment. 9.7.4.1 * Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p>	K 355	<p>How corrective action was taken for the residents found to have been affected by the deficient practice</p> <p>On 12/17/24 the overcharged extinguisher in the kitchen was replaced with a properly charged extinguisher.</p> <p>Safety director visually inspected the two extinguishers in the attic and signed off through December 2024</p> <p>How the facility will identify other residents having the potential to be affected by the practice and what corrective action has been taken</p> <p>No other residents were affected</p> <p>What measures will be put in place or what systemic changes will the facility make to make sure it does not occur again</p> <p>Safety Director completed an in service with safety staff on 12/19/2024 to ensure all fire extinguishers in Parkvista and in attic are visually inspected and signed off.</p>	12/24/24	

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K 355	Continued From page 7 NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition 7.2 Inspection. 7.2.1 Frequency. 7.2.1.1* Fire extinguishers shall be manually inspected when initially placed in service. 7.2.1.2* Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 7.2.1.2.1 Where electronic monitoring is used and the specific extinguisher cannot be verified electronically, the extinguisher shall be continuously monitored for location. 7.2.1.3* Fire extinguishers shall be inspected at more frequent intervals when circumstances require. 7.2.2 Procedures. Periodic inspection or electronic monitoring of fire extinguishers shall include a check of at least the following items: (1) Location in designated place (2) No obstruction to access or visibility (3) Pressure gauge reading or indicator in the operable range or position (4) Fullness determined by weighing or hefting for self expelling-type extinguishers, cartridge-operated extinguishers, and pump tanks (5) Condition of tires, wheels, carriage, hose, and nozzle for wheeled extinguishers (6) Indicator for nonchargeable extinguishers using push to-test pressure indicators 7.2.2.1 In addition to 7.2.2, fire extinguishers shall be visually inspected in accordance with 7.2.2.2 if they are located where any of the following conditions exists: (1) High frequency of fires in the past (2) Severe hazards	K 355	Safety Director completed in service to CDM/Chef/ and Kitchen staff on kitchen fire extinguisher to ensure extinguisher is not overcharged and is properly signed- in service was completed by 12/30/2024 Safety team members will complete fire extinguisher visual inspection on the 3rd week of every month and will report findings to safety director monthly. How the facility plans to monitor its performance All Parkvista fire extinguishers will be audited monthly by safety staff, audit will be reported to safety Director monthly for visual inspection and sign off. Safety Director will report audit findings to QA monthly or until 100% is achieved.	12/24/24	

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K 355	<p>Continued From page 8</p> <p>(3) Locations that make fire extinguishers susceptible to mechanical injury or physical damage</p> <p>(4) Exposure to abnormal temperatures or corrosive atmospheres</p> <p>7.2.2.2 Where required by 7.2.2.1, the following inspection procedures shall be in addition to those addressed in</p> <p>7.2.2: (1) Verifying that operating instructions on nameplates are legible and face outward</p> <p>(2) Checking for broken or missing safety seals and tamper indicators</p> <p>(3) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle</p> <p>7.2.3 Corrective Action. When an inspection of any fire extinguisher reveals a deficiency in any of the conditions listed in 7.2.2, immediate corrective action shall be taken.</p> <p>7.2.3.1 Rechargeable Fire Extinguishers. When an inspection of any rechargeable fire extinguisher reveals a deficiency in any of the conditions listed in 7.2.2(3) or 7.2.2(4), the extinguisher shall be subjected to applicable maintenance procedures.</p> <p>Findings:</p> <p>During observation and interview with the Maintenance Director (MD) on 12/10/24, the portable fire extinguishers were observed.</p> <p>1. At 11:55 a.m., a fire extinguisher in the kitchen was observed to have the gauge in the "overcharged" section. Upon interview, the MD stated that staff had not noticed during the monthly visual inspection</p> <p>2. At 1:14 p.m., a fire extinguisher in the attic (above Station 2) was observed to have the</p>	K 355			

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K 355	Continued From page 9 gauge in the "overcharged" section and was missing the monthly visual inspections for September, October, and November 2024. The annual inspection was conducted in February 2024. Upon interview, the MD stated that they must have missed the fire extinguisher during the monthly visual inspection. 3. At 1:21 p.m., a fire extinguisher in the attic (above Medical Records) was observed to have the gauge in the "overcharged" section and was missing the monthly visual inspections for February, March, April, May, June, July, August, September, October, and November 2024. The annual inspection was conducted February 2024. Upon interview, the MD stated that they must have missed the fire extinguisher during the monthly visual inspection.	K 355			
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the electrical circuit breaker panel. This was evidenced by circuit panels being	K 511	How corrective action was taken for the residents found to have been affected by the deficient practice On 12/10/2024 MD moved the linen cart away from the electrical panel How the facility will identify other residents having the potential to be affected by the practice and what corrective action has been taken No other residents were identified	12/24/24	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 511	Continued From page 10 obstructed from access. This could result in a delay of resetting the fire alarm during a power outage or emergency. This affected 9 of 56 residents in one of six smoke compartments. NFPA 101 Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1 Utilities. 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service. NFPA 70 - National Electric Code, 2011 Edition 110.26 Spaces About Electrical Equipment. Access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment. Findings: During a tour of the facility and interview with the Maintenance Director (MD) on 12/10/24, the electrical control panel was observed. At 2:00 p.m., a linen cart was blocking a circuit panel, preventing access to the circuit panel and circuits. Upon interview, the MD stated the linen cart was temporarily placed there while staff cleaned.	K 511	What measures will be put in place or what systemic changes will the facility make to make sure it does not occur again DON/DSD/environmental services manager/plant operations director/designee completed In services from 12/11/2024 to 12/24/2024 for Environmental services team, Plant Operations team, and Nursing team members on keeping electrical panels clear and free of obstruction. IDT will complete weekly room rounds and submit to NHA for reporting How the facility plans to monitor its performance NHA will report weekly room round audit to QA for 3 months or until 100% compliance is achieved.	12/24/24	
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage	K 923			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 923	<p>Continued From page 11</p> <p>Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>>300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain their oxygen tank storage. This</p>	K 923	<p>How corrective action was taken for the residents found to have been affected by the deficient practice</p> <p>On 12/10/24 unsecured oxygen tank was removed and properly stored in carrier</p> <p>How the facility will identify other residents having the potential to be affected by the practice and what corrective action has been taken</p> <p>No other residents were affected</p> <p>What measures will be put in place or what systemic changes will the facility make to make sure it does not occur again</p> <p>In services were completed by DON/DSD/ Environmental services Manager and NHA/designee to Nursing team members, Environmental services staff and IDT to review oxygen policy and proper secure tanks in residents' room and o2 rooms. In services were completed from 12/11/24 to 12/24/24.</p>	12/24/24	

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K 923	<p>Continued From page 12</p> <p>was evidenced by an oxygen tank left unsecured. This affected 9 of 56 residents in one of six smoke compartments.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition 11.6.2.3 Cylinders shall be protected from damage by means of the following specific procedures: (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Director (MD) on 12/10/24, the oxygen tanks were observed.</p> <p>At 10:10 a.m., there was a unsecured oxygen tank observed on the floor leaning against a nightstand in Room 28. Upon interview, the MD stated the oxygen had been placed there in the morning.</p>	K 923	<p>IDT will complete weekly room rounds to verify oxygen tanks are properly secured in residents' room.</p> <p>How the facility plans to monitor its performance</p> <p>NHA will report weekly room round audit to QA for 3 months or until 100% compliance is achieved.</p>	12/24/24	